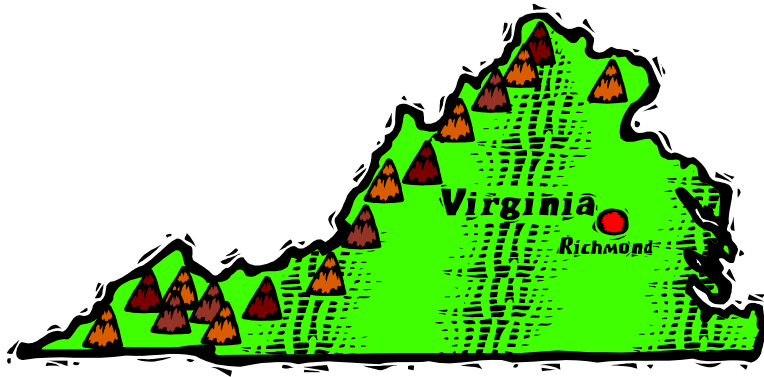


REQUEST FOR APPLICATIONS (RFA): #1001-04

**District of Columbia
Department of Health**

**FY 2005 Ryan White Title I Regional Grant
(District of Columbia, Suburban Virginia & Suburban Maryland)**

Suburban Virginia



Invites the Submission of Applications for Funding under Title I of "Ryan White Comprehensive AIDS Resources Emergency Act of 1990" and Amendments of 2000.

**Announcement Date: October 1, 2004
RFA Release Date: October 1, 2004**

Application Available at www.novaregion.org

Application Submission Deadlines: November 15, 2004, 5:00 p.m.

LATE APPLICATIONS WILL NOT BE ACCEPTED



NOTICE OF FUNDING AVAILABILITY #1001-04

DEPARTMENT OF HEALTH HIV/AIDS ADMINISTRATION

FY 2005 Ryan White Title I Regional Grant

The Government of the District of Columbia, Department of Health/HIV/AIDS Administration in conjunction with the Prince George's County Health Department, the Northern Virginia Regional Commission and the Washington Metropolitan Regional Health Services Planning Council is soliciting applications from qualified applicants to provide a variety of support services to indigent, uninsured and under-insured persons who are HIV-infected. The Request for Applications (RFA) is both EMA-wide and separated by jurisdiction. For those applying in all jurisdictions the complete EMA-wide RFA will be available in the District of Columbia. Prince Georges County HD and The Northern Virginia Regional Commission will only have their sections of the RFA available for pick up.

A total of \$24,267,552 in FY 2005 Ryan White Title I Regional Grant funds will be available by the following jurisdictions: District of Columbia will have \$15,275,657; Suburban Maryland will have \$5,265,214; and Suburban Virginia will have \$3,726,681.

These funds are expected to be awarded contingent upon an award from the U.S. Department of Health and Human Services Health Resources & Services Administration (HRSA) to the District of Columbia Department of Health HIV/AIDS Administration (HAA) under the Ryan White Title I program. The funding is authorized by the Ryan White Comprehensive AIDS Resources Emergency Act as amended to provide services for low-income individuals with HIV/AIDS. The Washington Eligible Metropolitan Area (EMA) continues to be disproportionately affected by HIV and AIDS. The EMA includes programs with CBOs in Washington, DC, Suburban Maryland, Suburban Virginia and West Virginia.

Services under the FY 2005 Ryan White Title I Regional Grant programs includes outpatient primary medical health care, specialized case management, basic life needs and a variety of support services. The services requested will target the needs of homeless persons, gay, bisexual and transgender persons, women, children, adolescents/young adults, incarcerated, substance abusers, Latino/a and African Americans.

The Request for Applications (RFA) is both EMA-wide and separated by jurisdiction. For those applying in all jurisdictions the complete EMA-wide RFA will be available in the District of Columbia for pick up at 64 New York Avenue, NE, 5th Floor, Suite 5001 and on the following website www.opgd.dc.gov. The Prince Georges County Health Department will have their jurisdictional RFA available for pick up and on the web at the information listed below. The Northern Virginia Regional Commission will have their jurisdictional RFA available for pick up and on the web at www.novaregion.org.

The Request for Application (RFA) submission deadline is Monday, November 15, 2004 for the District of Columbia, Suburban Virginia and Suburban Maryland. Applicants applying for EMA-wide service categories must submit application to the District of Columbia. Applicants applying for each jurisdictional RFA must submit their applications to the appropriate jurisdiction. The Pre-Application meeting will be held in the District of Columbia at 64 New York Avenue, NE, 5th Floor, Suite 5001, on October 14, 2004, from 10:00am – 1:00 pm.

District of Columbia

**64 New York Avenue, NE
5th Floor, Suite 5001
Washington, DC 20002
Phone: 202-671-4819
Fax: 202-671-4860
Ebony.fortune@dc.gov
www.opgd.dc.gov**

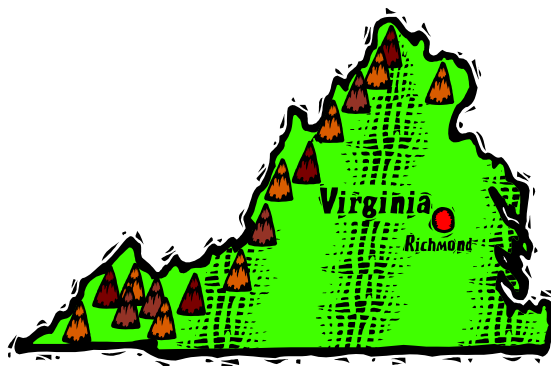
Suburban Virginia

**Northern Virginia
Regional Commission
7535 Little River Turnpike
Suite 100
Annandale, Virginia 22003
703-642-0700
www.novaregion.org**

Suburban Maryland

**Prince Georges County
Health Department
Ryan White Program
1701 McCormick Drive
Suite 210
Largo, Maryland 20774
301-883-7848

www.co.pg.md.us**



N O T I C E

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

***FY 2005 Ryan White Title I Regional Grant
(District of Columbia, Suburban Virginia & Suburban Maryland)***

PRE-APPLICATION CONFERENCE

Attendance Required

WHEN: *October 14, 2004*

WHERE: *64 New York Avenue NE
Training Room, 5th Floor
Washington, DC 20002*

TIME: *10:00 am- 1:00 pm*

CONTACT PERSON: *Ebony Fortune
HIV/AIDS Administration
64 New York Avenue, NE
5th Floor, Suite 5001
Washington, DC 20002
Phone: (202) 671-4819
Fax: (202) 671-4860
E-mail: ebony.fortune@dc.gov*

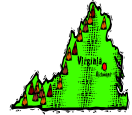
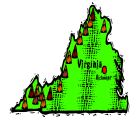
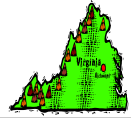


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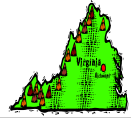


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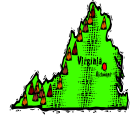
Checklist for Applications
FY 2005 Ryan White Title I Regional Grant
(District of Columbia, Suburban Virginia & Suburban Maryland)

- ❑ The applicant organization has responded to all sections of the Request for Application.
- ❑ The Applicant Profile, found in Attachment A, contains all the information requested and is affixed to the front of each envelope.
- ❑ The Program Budget is complete and complies with the Budget forms listed in Attachment I of the RFA. The budget narrative is complete and describes the category of items proposed.
- ❑ **The application is printed on 8½ by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one-inch margins. NVRC will not forward applications to the review panels that do not conform to this requirement.**
- ❑ **The application is to be submitted unbound. The applicant is submitted with rubber bands or binder clips only.**
- ❑ The applicant must submit six applications for each service area. Each of the six (6) applications must be placed in an individual sealed envelope. Of the six (6), one (1) must be an original and the other five (5) are copies. *Example: if your organization is applying for funding in two service categories, you must submit twelve (12) individually sealed envelopes.* NVRC will not forward the applications to the review panels if the applicant fails to submit the required six (6) applications with one (1) of the six (6) marked “original”.
- ❑ The application is submitted to the appropriate Administrative Agency no later than 5:00 p.m. on the deadline date of November 15, 2004.
- ❑ The application is submitted with two completed original receipts, found in Attachment C1. Application receipts should be attached to the outside of the “original” envelope for approval by the appropriate jurisdictional Administrative Agency.
- ❑ The application conforms to the “Application Format” listed in Section VI of the RFA. **The review panels will not review applications that do not conform to the application format.**
- ❑ The project narrative section is complete and is within the page limit for this section of the RFA submission.
- ❑ The Certifications and Assurances, Attachment B, and all of the items listed on the Assurance Checklist, Attachment K, are complete and are included in the assurance package.



Three (3) sets are to be submitted with one (1) marked as “Original” and two (2) marked as “Copy”.

- ❑ The assurances are submitted with two completed original assurance receipts, Attachment C2. Assurance receipts should be affixed to the outside of the original envelope for the approval of the appropriate jurisdictional Administrative Agency.
- ❑ The appropriate appendices, including Memorandums of Understanding, job descriptions, individual resumes, licenses (if applicable), and other supporting documentation are enclosed.



**Request for Applications (RFA): #1001-04
FY 2005 Ryan White Title I Regional Grant
Suburban Virginia**

SECTION I GENERAL INFORMATION

Introduction

The purpose of Title I of “The Ryan White Comprehensive AIDS Resources Emergency Act of 1990 and amendments of 2000” is to reduce the overwhelming burden of HIV-related care on urban health systems by expanding the continuum of care and improving access to medically appropriate levels of care. The Washington Metropolitan Regional Health Services Planning Council, pursuant to the provisions of the Act, has adopted a comprehensive service delivery plan for the metropolitan area and established funding priorities for the four jurisdictions Washington, DC, Suburban Maryland, Suburban Virginia, and West Virginia.

The primary objectives of Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, as amended in 2000 are:

“ To expand and improve the range of ambulatory and outpatient health and support services, including comprehensive treatment, case management, community-based and transitional services that are available to individuals and families with HIV infection, in order to complete the continuum of care and provide services in the least restrictive setting”;

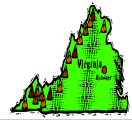
“ To make these services known and accessible to low income individuals and families and under served populations”; and

“ To establish and/or strengthen a coordinated, community-wide approach to planning and delivering HIV-related services.

These funds will be awarded to the District of Columbia HIV/AIDS Administration (HAA) by the U.S. Health Resources & Services Administration (HRSA) under the Ryan White Title I program contingent on the availability of funds. The funding is authorized by the Ryan White Comprehensive AIDS Resources Emergency Act as amended to provide services for low-income individuals with HIV/AIDS.

Target Population

In keeping with the objectives of Ryan White and the recommendations of the Metropolitan Washington Regional Health Services Planning Council, the governments of the District of Columbia, and eligible counties in Suburban Maryland, Suburban Virginia, and West Virginia have determined that the target populations for Title I funds are indigent, uninsured, and under-insured persons who are HIV-infected.



The following target populations have been identified for services: 1) African Americans, Latinos/as and other ethnic minorities; 2) other substance abusers; 3) individuals diagnosed with mental illness; 4) transgendered persons; 5) older adults (50 years and older); 6) infants and children. Priority consideration will be given to programs that emphasize improving service delivery to 1) women with dependent children; 2) programs that emphasize comprehensive services through a single service site; 3) programs that identify, assess and address the needs of the following six special populations a) youth (13-24 years old) b) injection drug users (IDU) c) men of color who have sex with men (MSM); d) white/anglo men who have sex with men (MSM); e) women of childbearing age (13 years and older) and f) incarcerated/recently released.

Applicants must establish, document, and maintain formal linkages with other major providers and key points of entry (i.e. emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV testing and counseling sites, mental health programs, and homeless shelters and other entities under section 2604 (b)(3) and 2652 (a)) service the target population(s) identified above.

Eligible Organizations/Entities

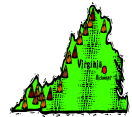
Not-for-profit and for-profit health and support service providers may apply, including community-based organizations and government-operated health facilities, which are located within and provide service in the jurisdictions of the Washington metropolitan EMA, as identified above. Preference will be given to 501C(3) organizations. For-profit organizations may be funded if evidence is provided that they are the only organization able to provide the service.

Pursuant to HRSA memo dated August 10, 2000, applicants that provide Medicaid covered services must be Medicaid certified in the jurisdiction where service will be provided. Evidence can be presented in the form of a Medicaid approval letter or an actual Medicaid number for the agency and/or provider. If your organization has never received Ryan White funding and you are not Medicaid certified, evidence of application to the appropriate jurisdiction for Medicaid certification must be submitted as a part of the Title I application in response to this RFA. Such documentation must be included in the Assurance package.

Source of Grant Funding

The funds are made available through the US Health Resources and Services Administration (HRSA) and the District of Columbia HIV/AIDS Administration for the Washington Metropolitan EMA in the four jurisdictions that consist of the District of Columbia, Suburban Virginia, Suburban Maryland and two counties in West Virginia.

The Ryan White Title I grant period is March 1, 2005 to February 28, 2006. An additional option year may be granted at the discretion of the District of Columbia HIV/AIDS



Administration and the jurisdictional administrative agents if funds are available. Only vendors that meet performance and compliance requirements will be considered for an additional option year.

Grant Awards and Amounts

All awards will be based on the availability of Ryan White Title I funds awarded to the Washington Metropolitan EMA.

It is estimated that the following amounts will be available by jurisdiction:

District of Columbia	
Source of Funding	Amount
Ryan White Title I Regular Funding	\$13,245,357
Ryan White Title I Minority AIDS Initiative	\$1,604,672
District of Columbia Total	\$14,850,029

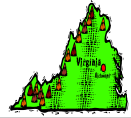
Suburban Maryland	
Source of Funding	Amount
Ryan White Title I Regular Funding	\$5,290,956
Ryan White Title I Rural Set-Aside	\$148,715
Ryan White Title I Minority AIDS Initiative	\$639,635
Suburban Virginia Total	\$6,079,306

Suburban Virginia	
Source of Funding	Amount
Ryan White Title I Regular Funding	\$3,726,152
Ryan White Title I Rural Set-Aside	\$181,372
Ryan White Title I Minority AIDS Initiative	\$297,712
Suburban Virginia Total	\$4,295,236

Multiple Submissions

Applications desiring consideration to provide services under more than one program and/or Service Category must submit a separate application for each Service Category. Each application must be self-contained and include all of the required information as outlined in the RFA application format.

Contact Person:



For further information, please contact:

- **District of Columbia**

Ebony Fortune
HIV/AIDS Administration
64 New York Avenue, NE
5th Floor, Suite 5001
Washington, DC 20002
Phone: (202) 671-4819
Fax: (202) 671-4860
E-mail: ebony.fortune@dc.gov

- **Suburbain Maryland**

Devi Ramey
Prince George's County Health Department
Ryan White Program
1701 McCormick Drive
Suite 210
Largo, Maryland 20774
Phone: (301) 883-7848
Fax: (301) 883-7893
E-mail: dcramey@co.pg.md.us

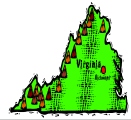
- **Suburban Virginia**

Stacie Balderston
Northern Virginia Regional Commission
Federal Grants Programs 7535 Little River Turnpike, Suite 100
Annandale, Virginia 22003
Phone : (703) 642-4643
Fax : (703) 642-5077
E-mail: stacieb@novaregion.org

Internet

Applicants who obtain this RFA through the Internet shall provide either the HIV/AIDS Administration, the Northern Virginia Regional Commission, or the Prince George's County Health Department contacts with the following:

- Name of organization;
- Key contact;



- Mailing address; and
- Telephone and fax numbers.

This information shall be provided so that the applicant will receive updates and/or addenda to the FY 2005 Ryan White Title I Regional Grant RFA.

Pre-Application Conference

A Pre-Application Conference will be held October 14, 2004, from 10:00 am to 1:00 pm at 64 New York Avenue NE, 5th Floor Training Room, Washington, DC 20002. (Metro Red Line – Union Station).

Questions Regarding the Contents of this RFA

Questions presented outside of the pre-application conference must be submitted in writing. Applicants must mail or fax questions to the contact persons listed above by November 1, 2004. Questions submitted after the deadline date will not be accepted. Please allow ample time for mail to be received prior to the deadline date.

Location of Services

Service providers must be located in the Washington Metropolitan EMA, which includes the District of Columbia and, for Suburban Virginia, the following areas;

Counties:

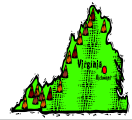
- Arlington
- Loudoun
- Fairfax
- Prince William

Cities:

- Alexandria
- Fairfax
- Falls Church
- Manassas
- Manassas Park

Counties Qualifying for Rural Set-Aside:

- Clarke
- Culpeper
- Fauquier
- King George
- Spotsylvania



- Stafford
- Warren

Cities Qualifying for Rural Set-Aside:

- Fredericksburg.

Hours of Operation

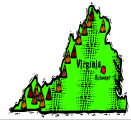
The applicant must document when services are available and the specific efforts they will take to meet client needs. Hours of operation should be chosen to maximize successful utilization by the target populations. Priority will be given to applicants with flexible schedule that provides for evening and weekend hours of operation.

Performance Standards and Quality Assurance

1. The applicant shall have continuous quality improvement plan that includes a continuous quality improvement system and an implementation work plan to monitor and evaluate the delivery of all services, and ensure that identified deficiencies are addressed. At a minimum, the quality assurance program shall include a review of the appropriateness, quality, and timeliness of each service and shall incorporate those quality assurance standards as have been approved by the Washington Metropolitan Regional Health Services Planning Council; U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA); and/or applicable Virginia organizations.
2. Quality management programs should also focus on linkages, efficiencies, and provider and client expectations.
3. The applicant shall develop and implement policies and procedures to evaluate the accuracy of data collection and reporting activities in accordance with protocols approved by the Washington Metropolitan Regional Health Services Planning Council; U.S. Department of Health and Human Services, Health Resources and Services Administration; and/or Virginia organizations.

At the release of this RFA, the following protocols have been approved by the Washington Metropolitan Regional Health Services Planning Council and may be obtained as detailed in Attachment I of this RFA:

- ☐ Assisted Transportation
- ☐ Day Treatment
- ☐ Food Bank
- ☐ Interpretation and Translation Services
- ☐ Mental Health
- ☐ Nutritional Support



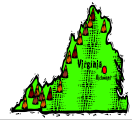
- ❑ Primary Medical Care: refer to the Public Health Service *Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults and Adolescents*
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00054080.ntm>
 - ❑ PWA Advocacy
 - ❑ Dental
 - ❑ Volunteer Coordination.
4. The applicant shall participate in the evaluation of the funded project(s) by appropriate internal staff and/or external evaluators with the assurance that client confidentiality will be maintained. These activities may include, but need not be limited to, site visits, client surveys, or other data collection activities.

Monitoring

1. Each jurisdiction shall monitor and evaluate the performance of the Applicant according to the scope of work and related service delivery standards; and
2. Applicants will be responsible for assuring that the appropriate written consent forms are signed by all clients receiving Title I-funded services. Such consent forms will permit proper monitoring by the Administrative Agencies.
3. The Administrative Agent shall review all written policies and procedures applicable to the project; review all monthly, quarterly, and annual program and fiscal reports; conduct site inspections; and hold periodic conferences with the applicant to assess the applicant's performance in meeting the requirements of the grant.

Evaluation

The Administrative Agent shall be authorized to assess the grantee's performance with respect to accomplishing the purposes of the grant. The Administrative Agency will work with the applicant to determine appropriate program and performance measures. The applicant's performance shall be assessed to determine the quality of the services delivered and the applicant's ability to deliver services according to the deadlines established in the grant agreement. The applicant's fiscal performance shall be reviewed to determine compliance with accounting standards, applicable OMB circulars, and other expenditure requirements. Participation in client satisfaction surveys will be part of the evaluation of program accomplishments. The Administrative Agency will complete a close-out report on the performance of each applicant during the grant year.



SECTION II PROGRAM & ADMINISTRATIVE REQUIREMENTS

Program Requirements

1. Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving Ryan White Title I funds.

2. Client Eligibility Criteria

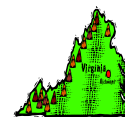
The following criteria must be used by service providers to determine client eligibility for Ryan White Title I services:

Persons receiving Ryan White Title I funded services shall:

- a. Be a resident of the jurisdiction which is funding the services to be provided.
- b. Be HIV positive or have been diagnosed for AIDS or HIV related illness with the health or social services to be covered having been prescribed by a physician or other duly licensed medical or dental practitioner, mental health professional, or social worker and must have documentation of HIV status and illness stage, as well as income level, for all medically-based or income-based services; and
- c. Lack of insurance coverage for the proposed service(s) under Medicare or Medicaid, or is awaiting approval of application for these programs. Follow-up on pending Medicaid/Medicare applications is mandatory to confirm Title I eligibility. Client eligibility may be denied if a prospective applicant forgoes insurance in order to receive care funded under Ryan White Title I.

Applicants who provide services that are reimbursable under Medicaid and/or other insurers **must use** a sliding fee scale for clients accessing services through Title I funds. The scale is to be based on the 2004 Federal Poverty Guidelines. The requirements regarding imposition of charges for services are as follows:

- a. Clients with an income less than or equal to 100% of the Federal Poverty Guidelines will not pay a fee for the provision of services.
- b. Clients with an income greater than 100% of the Poverty Guidelines will pay a fee for the provision of services and will be charged according to a sliding fee scale.



The applicant will develop and post the sliding fee scale so that it is visible to clients and the general public.

- c. Clients with an income greater than 100%, but not exceeding 200% of the Federal Poverty Guidelines will not, for any calendar year, pay charges in an amount exceeding 5% of their annual gross income;
- d. Clients with an income greater than 200%, but not exceeding 300% of the Federal Poverty Guidelines will not, for any calendar year, pay charges in an amount exceeding 7% of their annual gross income; and
- a. Clients with an income greater than 300% of the Federal Poverty Guidelines will not, for any calendar year, pay charges in an amount exceeding 10% of their annual gross income.

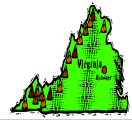
The amount assessed by the grantees to those clients whose income is greater than 100% of the 2004 Federal Poverty Guidelines is at the discretion of the grantee. The grantee will only impose only a nominal charge for the provision of services, taking into consideration the following:

- a. The limitations as established on public schedules and the maximum amount of charges based on client's income;
- b. The medical expenses of the client in assessing the amount of the charge; and
- c. The annual sum of charges imposed for services, includes enrollment fees, premiums, deductibles, cost sharing, co-payments, coinsurance, or other charges.

2004 Federal Poverty Guidelines

Size of Family Unit	Poverty Guideline
1	\$9,310
2	\$12,490
3	\$15,670
4	18,850
5	22,030
6	25,210
7	28,390
8	31,570

For or family units with more than 8 members, add \$3,180 for each additional member.



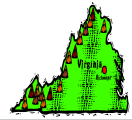
3. Client Advocacy and Grievances

The applicant shall develop and implement a grievance procedure that is sensitive to the needs of the target population, and participate in the PWA advocacy project. As part of the grievance procedure document, the applicant must name a designated contact person who will serve as the organization's link with the PWA advocacy project funded through the Washington Metropolitan Health Services Planning Council. Applicants must include a copy of their internal client grievance procedures in the Assurance package.

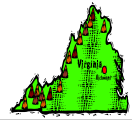
4. Reports

Once awarded Title I funds, each vendor will be required to submit monthly, quarterly annual and final reports to the Administrative Agency of the jurisdiction from which they receive funds. Monthly reports will be used to determine progress toward the completion of task requirements detailed in the contract scope of services. Failure to submit accurate and complete reports may result in the suspension of funds until acceptable reports are received. Late submissions of any required reports may result in a reduction of as much as half of the expected administrative expenditures for each particular month during which a required report is late. All reports must contain the required information in the format determined and approved by the Administrative Agency.

- a. Client based demographic data must include:
 - i. Total unduplicated number of persons currently receiving care;
 - ii. Summary socio-demographics of clients;
 - iii. Types of services, activities and the number of persons involved in each; and
 - iv. Total number of admissions and terminations from service during month.
- b. Narrative reports must include:
 - i. A summary of the results of the evaluation of services;
 - ii. A summary of progress toward meeting program goals and objectives;
 - iii. Information regarding the extent to which established milestones for the time period have been accomplished, including corrective actions taken to address any problems.
 - iv. A summary of activities accomplished towards completing the quality assurance implementation work plan.



- d. Determinations for new client counts and unduplicated client counts are defined as follows:
- i. Unduplicated client counts is an accounting of clients in which a single individual is counted only once by a provider, regardless of the number of services being provided, even if he or she received services at more than one of the provider sites.
 - ii. New client counts is an account of a person who is receiving services from a provider for the first time ever. Individuals who return for care to the service provider after an extended absence are not considered to be new and should be counted as a re-admission.
- e. Applicants shall collect and report data in accordance with HRSA's mandatory Care Act Data Report (CADR). This is an aggregate report requesting information about the provider, unduplicated number of clients served, summary socio-demographics of clients, (age, gender, race/ethnicity, exposure category), the number of service units for selected Service Categories and the number of clients that received services.
- f. A copy of financial expenditure reports covering the period for which reimbursement is being requested shall accompany all payment requests. Payment requests shall be based on invoices with supporting documentation and the receipt of appropriate supporting program data.
- g. The applicant shall submit to the Administrative Agency a final report no later than the 30th day after expiration of the grant agreement summarizing all service delivery data, accomplishments, issues and recommendations.
- h. The applicant shall report unusual incidents by facsimile, e-mail or telephone to the Administrative Agency within 24 hours of the event and in writing within five (5) days after occurrence. An unusual incident is an event that affects staff (Administrative Agency's employees or applicant's staff) or clients that is significantly different from the regular routine or established procedures. Examples include, but are not limited to, unusual death; injury; unexplained absence of a client from a residence or program; physical, sexual, or verbal abuse of a client by staff or other clients; staff negligence, fire, theft, destruction of property, or sudden serious problems in the physical plant; complaints from families or visitors of clients; requests for information from the press, attorneys, or government officials outside the jurisdiction involved with the grant; and client behavior requiring the attention of staff not usually involved in their care.
- i. Applicants must report client deaths in writing to the Administrative Agency within 48 hours to the administrative agency.



5. Records

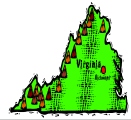
- a. The applicant shall keep accurate documentation of all activities of the project. Records must be legible and signed with original signatures and individuals providing services. When delivering services to clients, the applicant must maintain records reflecting initial and periodic assessments, if appropriate; initial and periodic service plans; and the ongoing progress of each client. All clients shall be assigned a unique identifier and all client records shall be kept confidential. The applicant shall obtain written informed consent from the client that permits sharing and releasing the client's records in order to coordinate or verify services. A release of information form must be compliant with HIPAA regulations and maintained in each client record. All client information must be maintained in one record.
- b. The applicant shall provide the Administrative Agency, and other authorized representatives of the Administrative Agency, such access to clinical records as may be necessary for monitoring and evaluation purposes. To ensure confidentiality and security, clients' records should be kept in a locked file controlled by appropriate applicant staff.

Administrative Requirements

1. Staff Requirements

For the purposes of this grant, "staff" is defined as any individual employee, individual consultant or individual contracted worker that receives compensation through these Ryan White Title I funds.

- a. The applicant shall employ and maintain documentation that staff possess adequate training and competence to perform the duties which they have been assigned;
- b. The applicant shall maintain a complete written job description covering all positions funded through the grant, which must be included in the project files and be available for inspection on request. The job description shall include education, experience, and/or licensing/certification criteria, a description of duties and responsibilities, hours of work, salary range, and performance evaluation criteria. Job description must reflect requirements noted in approved protocols and requirements listed under Applicant's Responsibilities in section IV. When hiring staff for this grant project, the applicant shall obtain written documentation of relevant work experience and personal references;
- c. Applicants that use individual contracted workers and or individual consultants must have signed and dated written agreements.
- d. The applicant shall maintain an individual personnel file for each project staff member that contain the application for employment, professional and personal references,



applicable credentials/certifications, records of required medical examinations, personnel actions including time records, documentation of all training received, notation of any allegations of professional or other misconduct, and the applicant's action with respect to the allegations, date and reason if terminated from employment. Personnel files should be available to the Administrative Agency upon request;

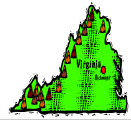
- e. The applicant shall provide orientation sessions for each staff member with respect to administrative procedures, program goals, policies and practices to be adhered to under the grant agreement. The applicant shall identify a person to serve as an ombudsman/liaison to the PWA advocacy and referral system;
- f. The applicant shall provide evidence of continuing education opportunities to keep staff informed of new developments regarding the provision of HIV/AIDS health care and support services (i.e., treatment modalities, change in target populations);
- g. The applicant shall maintain a current organizational chart that displays organizational relationships and demonstrates who has responsibility for administrative oversight and clinical supervision for each priority service activity;
- h. The applicant shall obtain advance approval in writing from the jurisdictions Administrative Agency on any changes in staffing patterns or job descriptions;
- i. The applicant shall indicate when there are vacant positions or new positions for which there are no staff resumes available; and
- j. Applicant shall ensure that each staff member's file contains a signed confidentiality form.

2. Memorandums of Understanding (MOU's) and Subcontracts with other Organizations

- a. Memorandums of Understanding and subcontracts with organizations must clearly state objectives, goals and quantifiable outcomes that are consistent with the Ryan White Care Act, this RFA and terms and conditions required by the applicable jurisdiction.
- b. All Memorandums of Understanding and subcontracts with organizations must be signed and dated.

3. Facility Requirements

- a. Regulations



The applicant's facilities used during the performance of the grant agreement shall meet all applicable federal, state, and local regulations throughout the duration of the Grant Agreement. The applicant shall maintain current all required permits and licenses for the facilities; and the applicant's failure to do so shall constitute a failure to adhere to the terms and conditions of the Grant Agreement and shall be a basis for termination of the Grant Agreement.

b. Emergency Back-up Site

The applicant shall submit the address of the identified emergency site facility for use as a result of a catastrophic event of the primary facility.

c. Handicapped Access

All facilities offered for the provision of services must be accessible to persons with mobility limitations, consistent with the Rehabilitation of the Handicapped Act, Public Law Section 95-602 (Section 504) and the Americans with Disabilities Act, as appropriate.

d. Maintenance

The applicant shall provide all supplies and services routinely needed for maintenance and operations of the facility such as security, janitorial services, or trash pick-up.

4. Use of Funds

Applicants shall only use grant funds to support HIV care services and cannot be used to provide cash and or direct financial assistance to individuals with HIV disease or to fund education and training.

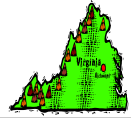
5. Administrative Costs

Applicants' budget submissions must adhere to a ten-percent (10%) maximum for administrative costs for FY 2005 Ryan White Title I Regional grant funds. All proposed costs must reflect either a direct charge to specific budget line items or an indirect cost. (See Attachment I)

6. Certifications and Assurances

Applicants shall complete and return Attachment B "Certifications and Assurances", as listed in Attachment K "Checklist".

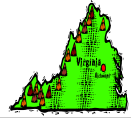
7. Insurance



The applicant, when requested, must be able to show proof of all insurance coverage required by law. All applicants that receive a notice of intent to award under this RFA must meet any insurance requirements in section VII “Jurisdiction Terms & Conditions”, within the time frame designated by the Administrative Agency.

8. Audits

At any time or times before final payment and for three (3) calendar years thereafter, the jurisdictional administrative agent may have the applicant’s expenditure statements and source documentation audited.



SECTION III SUBMISSION OF APPLICATIONS

Application Submission Requirements

A total of six (6) **UNBOUND** applications are to be submitted each of the applications must be in a sealed envelopes. A completed Attachment A must be affixed to the outside each of the envelopes. Each Service Category is its own application and must have one original and five copies. Example: If your organization is applying to receive funding in two Service Categories, your organization must submit a total of twelve individually sealed envelopes. **Of the six (6) envelopes, one (1) must be an original. Applications that do not conform to this requirement will not be forwarded to the review panel.** Telephonic, e-mail and facsimile submissions **will not be accepted.**

Application Submission Date and Time

Applications are due no later than 5:00pm, on November 15, 2004. All applications will be recorded upon receipt. Applications **submitted at or after 5:01pm,** November 15, 2004, will not be forwarded to the review panel. Any additions or deletions to an application will not be accepted after the deadline.

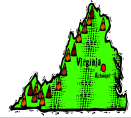
Application Submission Location:

The six (6) applications and three (3) sets of the Certifications and Assurances list in Attachment K **must be** delivered to the following location:

Northern Virginia Regional Commission
7535 Little River Turnpike
Suite #100
Annandale, VA 22003
Attention: Stacie Balderston

Mail/Courier/Messenger Delivery

Applications that are mailed or delivered by Messenger/Courier services **must be** sent in sufficient time to be received by the 5:00pm, deadline, November 15, 2004, at the above location. Applications arriving via messenger/ courier services after the posted deadline of **5:00pm, November 15, 2004, will not be forwarded to the review panels.**



SECTION IV PROGRAM SCOPE I

PART I - ELIGIBLE METROPOLITAN AREA WIDE SERVICES (EMA)

A. Service Category OTT - SERVICE PRIORITIES FOR THE ELIGIBLE METROPOLITAN AREA (EMA)

Applicants responding to these EMA services must submit their application to the District of Columbia.

Service Category OTT-2 - PWA Advocacy Program

Approximately \$ 225,000 in Ryan White funds will be available to fund this service category.

The Department of Health is seeking applicants to continue and to expand the advocacy program, established by the Planning Council to increase PWA access to and knowledge of HIV/AIDS services available in the EMA.

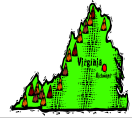
Components of this program will include:

1. Advocacy
2. Outreach
3. Print & radio media campaigns
4. Distribution of print media including newsletters and/or PWA “bill of rights” palm cards and posters (available in English and Spanish) to increase awareness of eligibility and availability of existing services
5. Participation in Planning Council subcommittees
6. Operation of a 1-800 telephone line for the EMA
7. Assistance in the administration of a client satisfaction survey
8. Serve as an entry point to the grievance and client complaint resolution process, as well as track both inquiries and formal grievances.

Applicants will be required to have a board of directors in which PLWHIV/A are heavily represented, have representation of all affected populations and the major geographic areas encompassing the EMA and will be required to demonstrate linkages with other PLWHIV/A advocacy organizations EMA wide.

The applicant is responsible for demonstrating the ability to initiate and to provide programs, which increase PLWHIV/A knowledge of, and participation in the Advocacy Program throughout the EMA.

Applicants will ensure that the awarded grant amount is allocated to each of the jurisdictions based on their reported AIDS case count. The applicant will also be required to submit a quarterly analysis and roll up that reflects the expenditures for each jurisdiction in addition to monthly programmatic and fiscal reports submitted with invoices.



The applicant is responsible for submitting written reports of client grievance and complaint findings and resolutions to the Grantee and Administrative Agency.
Only one applicant will be awarded funds in this area.

Service Category OTT-5 - Minority AIDS Initiative (MAI) – Primary Medical Care

Title I Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in health outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA defined client level health outcomes and indicators.

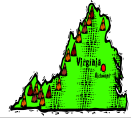
Funds for this program come from the Minority AIDS Initiative (MAI) (formerly the Congressional Black Caucus Initiative (CBC)). Preference will be given to Minority organizations or organizations with a history of providing services to minority communities as reflected in Attachments D and F-Culturally Competent Services. Organizations applying for CBC/MAI funds will be assessed using the National Standards for Culturally and Linguistically Appropriate Services in Health Care (available online at <http://www.omhrc.gov/CLAS>) developed by the Office of Minority Health of the U.S. Department of Health and Human Services. Minority organizations are defined by the Health Resources Services Administration as: Organizations where more than 50% of the Board of Directors, staff, and management are composed of minorities disproportionately represented in the AIDS epidemic according to local epidemiological data. Disproportionately represented minorities are: African-Americans, Hispanics, and Asian-Pacific Islanders.

Preference will be given to a single provider, if multiple applicants are funded, they will be required to coordinate services through the development of a coordinated work-plan post award.

Approximately \$ 47,716 in Ryan White MAI funds is available to fund this service category.

Minority AIDS Initiative (MAI) funds are to be used by providers who demonstrate the following:

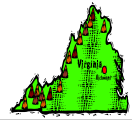
- 1. The applicant is responsible for fulfilling all of the applicant responsibilities listed under Service Category 1 - Primary Medical Care in the District of Columbia Scope of Work section.** In addition,
2. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.



3. The applicant must be located in or near the targeted community intending to be served. The applicant is responsible for documenting links to targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
4. The applicant is responsible for providing documentation of a history of providing services to the targeted community.
5. The applicant will provide evidence of how 80% of new clients have accessed and remained in care from District of Columbia, Suburban Maryland, Suburban Virginia and West Virginia.
6. The applicant will show evidence of outreach efforts that have resulted in new clients receiving primary medical care and other core clinical services.

The following are the other requirements of this service category:

- 1) Applicants must be located in the District of Columbia. The applicants is responsible for providing outpatient primary medical services to communities of color.
- 2) Preference will be given to applicants whose staffs are Spanish speaking and culturally sensitive to the needs of Latino's with HIV/AIDS.
- 3) Preferably the location of services should be in areas where there is a high concentration of Latino/a.



SECTION IV PART IV SUBURBAN VIRGINIA

This section provides specific requirements for applicants who wish to provide services in the Suburban Virginia.

The applicant is responsible for completing Table A: Scope of Work, identifying the total number of clients to be served and service units to be delivered. Refer to Attachment J for a copy of Table A and Attachment H (Implementation Plan) for a listing of appropriate service units. Do not include clients who are eligible to receive services covered under Medicaid or by private health insurance. Applicants who are proposing to provide services under this grant that also are services that might qualify for Medicaid funding in Virginia must show that a Medicaid vendor application has been submitted or Medicaid vendor number has been provided.

Target Population

The target population is: African American gay and bisexual men; Latinos/as, including gay and bisexual men; women; women with children; transgendered persons; substance abusers; ex-offenders; people with chronic or acute mental health problems; people who are homeless, and people living in under-served geographic areas. Special consideration will be given to providers whose staff includes bilingual professionals and demonstrated competence in working with cultural minorities.

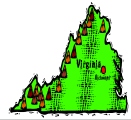
Service Category 1 Outpatient Primary Medical Care

Ambulatory outpatient medical care is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. This includes, diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties.) Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's Health Service guidelines. Such care, must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

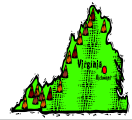
Approximately \$1,281,177 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

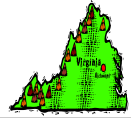
1. Applicants desiring to provide outpatient HIV/AIDS medical care must be prepared to provide when necessary, either directly or indirectly, all of the following:
 - Baseline examinations, including pelvic exams.



- Medical monitoring and treatment.
 - Supportive laboratory services, including CD4+, viral loads, and OB/GYN lab tests i.e., pap smears, colonoscopy and vaginal discharge panel.
 - Sub-specialty consultations; such funds may be used for rectal pap smears and follow-up sub-specialty care.
 - TB screening.
 - Chest x-rays as necessary for symptomatic PLHIVs suspected of being anergic.
 - Referral to TB control programs for following-up as necessary, including x-rays for anergic individuals.
 - All primary medical service providers must demonstrate an ability to link clients with dental, nutritional, mental health, and addiction counseling.
 - Hepatitis B and C screening and Hepatitis B vaccine.
 - Treatment education and adherence monitoring.
2. Primary medical care should be comprehensive and coordinated with other providers of HIV service.
3. Referral arrangements or direct provision for sub-specialty care should also be described. At least ten percent (10%) of funds should be budgeted for sub-specialty care although higher expenditures for specific populations may be considered if adequate justification is provided. In-kind equivalency may be substituted for part or all of this requirement provided that written confirmation is submitted with the application; that qualified sub-specialists are prepared to offer consultations and treatments outside of the government-funded budget.
4. The applicant is responsible for describing linkages with physicians who have admitting privileges to acute care settings, in order to reduce emergency room admissions.
5. The applicant is responsible for entering into cooperative arrangements with community-based hospitals to assure availability of outpatient diagnostic and sub-specialty care, facilitate admission to acute, inpatient care for clients, and provide a mechanism for post-discharge follow-up. Such arrangements are designed through linkages to offer a continuum of care to clients from the earliest stages of disease through the final stages. A written copy of the arrangements must be included in the proposal submission.
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6. Applicants for primary medical care do not have to apply for a contractual arrangement with a community hospital.
7. The applicant is responsible for describing their methodology for coordination/integration of services between hospital and community care providers, and how they will work to reduce client visits to the emergency room.
8. The applicant is responsible for ensuring that medical care services provided meet the standards of the U.S. Public Health Services *Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults and Adolescents*.
9. The applicant is responsible for including, an appendix, protocols of care for the populations they intend to serve, including specific protocols for women and children. *Special consideration will be given to primary care applicants proposing to develop a comprehensive care program for women and women with families. Special consideration will also be given to applicants who offer appointments/services after normal working hours and/or on weekends, to increase access for patients who cannot leave work for frequent medical appointments.*
10. The applicant is responsible for ensuring that Protocols shall identify the laboratory tests required to establish a baseline for the types and frequency of follow-up tests. In addition, the protocols shall include the plan of care for each stage of the disease. Co-located outpatient medical care is the preferred approach for care of women, women with children, children with HIV disease and affected siblings.
11. The applicant is responsible for providing management of AZT, protease inhibitor, and/or other anti-retroviral therapies and PCP prophylaxis, including aerosolized pentamidine. TB screening of all clients is mandatory. Plans shall include referrals for sub-specialty medical care.
12. The applicant is responsible for ensuring that HIV medical care services are also available for persons in shelters, congregate living facilities, community resident facilities (CRFs), and other day treatment facilities.
13. The applicant is responsible for ensuring the coordinated outpatient HIV primary medical care and case management services are requested for HIV-infected substance abusers that are enrolled in Virginia-funded drug treatment programs.
14. The applicant is responsible for providing primary medical care or case management must have a “Medication Adherence Support Policy” that:
 - a. Defines standards for the development of individual plans that incorporate an assessment of potential barriers to adherence and strategies to address barriers that are identified.



- b. Defines the roles and responsibilities of the consumer and each provider partnered in the care of the consumer (e.g. primary care providers, case managers, nutritionists mental health professionals, substance abuse counselors, and other staff or volunteers).
 - c. Outlines required documentation in the consumer record (s) of the coordination and communication among providers and the consumer in the development and implementation of the medication adherence support plan.
15. The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. The applicant will describe how waiting lists for services would be administered if such lists needed to be established in the course of the grant year.

Service Category 1a - Rural Primary Medical Care

Approximately \$69,589 in Ryan White rural set- aside funds is available to fund this Service Category. Title I Rural set aside funds are to be used to provide services to individuals residing in rural areas.

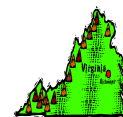
Applicant Responsibilities:

- 1. Applicants must fulfill all of the applicant responsibilities listed under **Outpatient Primary Medical Care** above.
- 2. The applicant is responsible for demonstrating knowledge of and the ability to address the specific needs of rural populations.
- 3. The applicant is responsible for providing specific details regarding the geographic location of services, how clients will access the services and the demographics of the population to be served.

Service Category 1b - Minority AIDS Initiative (MAI) – Primary Medical Care

Approximately \$50,423 in Ryan White MAI funds is available to fund this Service Category.

Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Native Americans, Latinos(as), Asian Americans, Native Americans and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA-defined service level health outcomes and indicators.



7. Applicants must fulfill all of the applicant responsibilities listed under **Outpatient Primary Medical Care**, and include the following:
 - a. The applicant must be located in or near the targeted community intending to be served.
 - b. The applicant is responsible for providing documentation of a history of providing services to the targeted community.
 - c. The applicant is responsible for documenting links to targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
 - d. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.

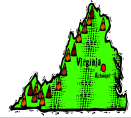
Service Category 2 Case Management

Case management is defined as effective coordination of primary medical, psychosocial, support services, and referrals for appropriate entitlements. The goal of case management is to assure the independent functioning and adherence to treatment plans of clients. Case management plans are developed for individual clients and are based on an assessment of the person's needs and availability of resources. Emphasis should be on ensuring the timely access to services that are culturally and linguistically relevant, and sensitive to gender, gender identification, age, and sexual orientation of the client.

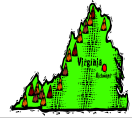
Approximately \$766,215 in Ryan White funds is available to fund this Service Category.

Applicant Responsibilities:

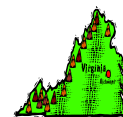
1. All case managers shall provide entitlements counseling and assistance to assure that eligible clients receive entitlements.
2. At intake all case managers must evaluate and refer eligible clients to Medicaid/ Medicare. Case managers are responsible for determining whether clients have private health insurance. If so, clients should be referred for services that can be paid for by the private insurance prior to referring them for Ryan White services.
3. The applicant is responsible for maintaining documentation of statute of Medicaid, Medicare and AIDS Drug Assistance Program (ADAP) applications for all Ryan White eligible clients. Case managers must be available to provide information to the client about other resources including, identifying Title I resources, answering questions, providing information regarding safe drinking water, and informing the clients of their rights, the organization internal grievance process and the EMA-wide grievance process.



4. Case management services should address the particular needs of women and families.
5. The applicant is responsible for demonstrating that case management plans will be developed by a multidisciplinary team including, clinical/medical staff, the case manager, and any other individuals involved in the clients care (i.e. mental health staff, substance abuse counselors) and demonstrate how the client will be included in the development of their own care plan.
6. The applicant is responsible for demonstrating experience providing case management to persons with HIV/AIDS and employ culturally competent staff which reflects the racial, ethnic, sexual orientation, gender and linguistic background of the client population(s) they expect to serve.
7. The applicant is responsible for accepting referrals from hospitals, HIV counseling and testing centers, physicians and community organizations, HIV/AIDS service providers, discharge planners in the correctional system, as well as individuals and self-referrals.
8. The applicant is responsible for ensuring that case management plans are developed according to an accepted protocol that addresses the unique needs of clients from various risk groups for individual clients are based on an assessment of the clients individual needs and availability of resources. Plans shall consider the different needs of clients and the capability of clients to meet his/her own needs; should ensure integration of services; must provide for immediate referral to counseling for clients presenting in a state of crisis, fear, anxiety, rage and or emotions requiring immediate psychosocial support; and should indicate what providers are currently in place in the event of a client crisis. Clients should sign the case management plan.
9. The applicant is responsible for including measurable goals for the number of face-to-face meetings and telephone contacts with clients that will be provided during the grant year.
10. The applicant is responsible for including information on existing staff-to-client caseload ratios and required qualifications for professional case managers.
11. The applicant is responsible for maintaining documentation of Ryan White eligibility for each client in the client's record/file.
12. MSW-LICSW supervision must be provided to all case managers. Applicants must describe current staffing, or planned staffing for the proposed service and the educational/experience criteria used in employing the current or planned staff.
13. The case management plan shall indicate what policies are currently in place in the event of a client crisis.



14. The applicant is responsible for describing how it will provide directly or through linkages, the following levels of case management defined as follows:
 - a. Comprehensive -- involving significant activity by the case manager in coordinating medical, mental health, substance abuse, and social services to individuals and family/household members. Clients will receive, at a minimum, one telephone contact per month, and, at a minimum, two face-to-face contacts, one every six months. The clients will have an initial plan of care and a yearly plan of care.
 - b. Intermediate-- involving limited problem solving and possible follow-up on referrals. Contact can be initiated by the case manager or the client at least every three months, with at least one face to face contact each year. The client will have an initial plan of care and a yearly plan of care.
 - c. Limited-- the case management time is limited to a particular issue. Clients receive a mini-assessment around the area of concern. Intervention is documented. No plan of care is necessary. Follow-up is limited.
15. The applicant is responsible for assuring that all levels of case management will be available to qualifying clients. The applicant is to describe the use of an instrument that measures a client's need for one of the levels of case management services. Clients are to be re-assessed periodically to insure clients have been assigned to the correct level of care. .
16. All levels of care may either be provided directly by the applicant, or the applicant may provide one or more levels and enter into a collaborative arrangement with another agency for the other level(s).
17. The applicant is responsible for indicating targeted numbers of adult clients to be served by each of these levels of case management including the measurable goals for the number of face to face contacts and telephone contacts with clients on Table A.
18. The client case management plan developed by the case manager shall ensure integration of services.
19. The plan shall include explanation of efforts to ensure the systematic coordination of a multi-disciplinary approach to ensure all needs are being met and that all persons, institutions impacting on the client are involved, as appropriate.
20. The applicant is responsible for attending mandatory case management training sessions, and to conform to quality assurance standards as adopted by the Washington DC Planning Council.



21. The applicant is responsible for expanding the availability of culturally, contextually, and linguistically appropriate case management services to Latinos, African-Americans and adolescents.

22. Applicants providing primary medical care or case management must have a “Medication Adherence Support Policy,” that:

- a. Defines standards for the development of individual plans that incorporate an assessment of potential barriers to adherence and strategies to address barriers that are identified.
- b. Defines the roles and responsibilities of the consumer and each provider partnered in the care of the consumer (e.g. primary care providers, case managers, nutritionists mental health professionals, substance abuse counselors, and other staff or volunteers).
- c. Outlines required documentation in the consumer record (s) of the coordination and communication among providers and the consumer in the development and implementation of the medication adherence support plan.

23. The applicant is responsible for ensuring case managers assist clients in completing and submitting Medicaid/Medicare applications as appropriate at intake;

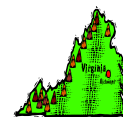
24. If the applicant primarily provides nurse case-management services (including labs, triage, physician, medication education, vaccines, and prescription orders) indicate the number of such clients that will receive such services, and describe a plan for clients to receive social services case-management, utilizing a team approach to care. If the applicant provides only social services case-management, indicate the number of such clients that may receive nurse case-management care, and a mechanism for providing such care.

25. The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. The applicant will describe how waiting lists for services would be administered if such lists needed to be established in the course of the grant year.

Service Category 2a – Rural Case Management

Approximately \$47,968 in Ryan White rural funds is available to fund this Service Category. Title I Rural set-aside funds are to be used to provide services to individuals residing in counties and cities qualifying for rural set-aside funding as listed in Section I, “General Information”.

Applicant Responsibilities:



1. Applicants must fulfill all of the applicant responsibilities listed under **Service Category 2 Case Management** above.
2. The applicant is responsible for demonstrating knowledge of and the ability to address the specific needs of rural populations.
3. The applicant is responsible for providing specific details regarding the geographic location of services, how clients will access the services and the demographics of the population to be served.

Service Category 2b – Minority AIDS Initiative (MAI)-Case Management

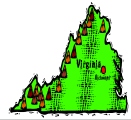
Approximately \$198,495 in Ryan White MAI funds are available to fund this Service Category.

Minority AIDS Initiative (MAI) funds are intended to improve the quality of care and reduce disparities in outcomes in communities of color disproportionately impacted by the HIV epidemic. Communities of color include African Americans, Native Americans, Latinos(as), Asian Americans, Native Americans and Pacific Islanders. Upon award of MAI funds, applicants will be required to track services based on HRSA-defined service level health outcomes and indicators.

Minority AIDS Initiative (MAI) funds are to be used by providers who demonstrate the following:

1. The applicant is responsible for fulfilling all of the applicant responsibilities listed under **Service Category 2 Case Management** above.
2. The applicant is responsible for demonstrating conformance with requirements for MAI providers as listed below:
 - (a) The applicant must be located in or near the targeted community intending to be served.
 - (b) The applicant is responsible for providing documentation of a history of providing services to the targeted community.
 - (c) The applicant is responsible for documenting links to targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
 - (d) The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.

Service Category 3 Oral Health



Oral health services are provisions of care designed to ensure access to and management of comprehensive oral healthcare. Oral health is integral to primary medical care for all clients with HIV/AIDS and is provided by general dental practitioners, dental hygienists and auxiliaries, dental specialists and other similar professional practitioners. Services include: dentures essential for the maintenance of health, diagnostic, preventative, prophylactic, therapeutic and other specialty care required in the event of unforeseen medical conditions such as hemorrhage, infection or trauma. Cosmetic procedures and restorations are not allowable unless they are medically necessary to alter, restore or maintain occlusion (close mouth) or nutrition.

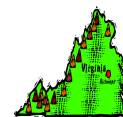
Approximately \$126,572 in Ryan White Regular funds is available to fund this Service Category.

Applicant Responsibilities:

1. The applicant is responsible for providing ongoing dental care for people with HIV/AIDS, including prophylactic, diagnostic, and therapeutic dental services provided by dentists, dental hygienists, and other professional practitioners.
2. The applicant is responsible for including summary copies of all dental protocols.
3. The applicant is responsible for providing the capacity to provide routine dental care including periodic oral cavity evaluations and cleaning by a dental hygienist and examination by a dentist.
4. The applicant is responsible for describing how they will directly provide, or through referral, culturally-sensitive care and services, including bi-lingual services and how services will be provided throughout the course of HIV disease.
5. The applicant is responsible for providing services that include routine general and preventive dental services, including initial examinations, cleanings, fillings, and extractions. Service for root canals and periodontal and orthodontic treatment also may be included.
6. The applicant is responsible for providing programs in collaboration with area dental schools to develop strategies to increase community and provider awareness about the dental needs of persons with HIV/AIDS and to increase their access to dental care.

The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. The applicant will describe how waiting lists for services would be administered if such lists needed to be established in the course of the grant year.

Service Category 3a Rural Oral Health



Approximately \$6,295 in Ryan White Rural Dental Care funds are available to fund this Service Category. Title I Rural set aside funds are to be used to provide services to individuals residing in rural areas.

Applicant Responsibilities:

1. Applicants must fulfill all of the applicant responsibilities listed under Dental Care above.
2. The applicant is responsible for demonstrating knowledge of and the ability to address the specific needs of rural populations.
3. The applicant is responsible for providing specific details regarding the geographic location of services, how clients will access the services and the demographics of the population to be served.

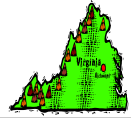
4a & 4b Emergency HIV/AIDS Drug Assistance *Rural and Regular Funds*

The Emergency Drug Assistance Program (EDAP) as established in Section 602 Of PL 102-585 of the Veterans Healthcare Act of 1992 (known as 340B) allows for discounted drug purchasing. Applicants shall provide EDAP on an emergency episodic basis that will enable people with HIV/AIDS to receive essential and life saving medications for a time specific period. This assistance involves the provision of funds to redress the financial crises that often occur during the progression of HIV/AIDS, which may lead to the inability to purchase required medications necessary to sustain life. Eligible persons must be financially unable to obtain needed medication, denied health insurance covering specific medications and or pending Medicaid or ADAP approval. Prescription medications provided through EDAP shall not exceed three (3) months.

Approximately \$539,777 in Ryan White Regular funds and \$30,170 in Rural Set-Aside funds will be available to fund these services.

Applicant responsibilities:

1. The applicant is responsible for providing emergency HIV/AIDS drug assistance for persons waiting to become eligible for programs that cover HIV/AIDS treatments or for persons not eligible for such programs. Funds shall be used to cover the costs of prescriptions for acute opportunistic infections which threaten death, dementia and/or blindness.
2. The applicant is responsible for demonstrating the ability to establish linkages with Suburban Virginia service providers in order to facilitate referrals, and the ability to establish linkages with pharmacies that will accept vouchers. If the linkages do not currently exist, letters of support from pharmacies must be included in the application. Pharmacy agreements must be based on the requirements of the Federal 340-B pricing program.



3. In the program description and in the summary service chart, applicants must clearly delineate the number of clients to be served, service units to be delivered, and the procedures for administering and monitoring the program.
4. The applicant must also be an applicant for Service Area #1, Primary Medical Services

Service Category 5 Substance Abuse Counseling

Substance abuse outpatient treatment and counseling services are the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) provided in an outpatient setting rendered by a physician or under the direct supervisor of a physician, or by other identified quality personnel.

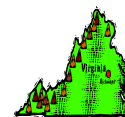
Approximately \$122,184 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for providing substance abuse counseling services for persons with HIV/AIDS directly or through subcontracts.
2. The applicant is responsible for demonstrating linkages with mental health services.
3. The applicant is responsible for providing professional addiction treatment services to persons eligible for Ryan White services through licensed and/or certified substance abuse treatment counselors.
4. The applicant is responsible for demonstrating expertise in the management of persons with HIV and addictions. At a minimum, treatment interventions must consist of an initial interview; psychosocial assessment, a treatment plan and interventions that respond to the needs of the consumer.
5. The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. The applicant will describe how waiting lists for services would be administered if such lists needed to be established in the course of the grant year.

Service Category 6 Mental Health Therapy Services/Counseling

Mental health services are psychological and psychiatric treatment and counseling services to individuals with a diagnosed mental illness, conducted in a group or individual setting, and

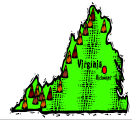


provided by a mental health professional licensed or authorized within the State to render such service, which includes psychiatrists, psychologists, clinical psychiatric nurses and social workers.

Approximately \$254,420 in Ryan White funds is available to fund this Service Category.

Applicant Responsibilities:

1. The applicant is responsible for providing diagnostic and treatment mental health services for HIV infected persons with an emphasis on those persons who are dually diagnosed with HIV and substance abuse.
2. The applicant is responsible for documenting coordination/referral agreements between professional mental health providers.
3. Mental health services include, but are not limited to, individual, couple, and group psychotherapy and psychiatric, psychological, and/or neuro-psychological assessments, treatment planning and monitoring, and medications.
4. Group therapy sessions may include professionally facilitated support groups as well as spiritual and bereavement counseling.
5. Appropriately licensed and/or certified mental health professionals must provide all mental health services. Special emphasis shall be given to ensuring the availability of culturally sensitive services for racial and ethnic minorities and sexual minorities.
6. The applicant is responsible for either providing services on site with primary medical HIV/AIDS care, or demonstrating a capability to deliver comprehensive mental health services in an ambulatory setting.
7. The applicant is responsible for demonstrating how they will assure the provision of culturally and linguistically appropriate mental health services to African Americans, Latinos, women, and other ethnic and sexual minorities, either directly or through linkage with other providers. (Mental health providers may not use interpreters in individual psychotherapy sessions or group sessions with non-English speaking clients.
8. The applicant is responsible for assisting with scheduling, space arrangements, and other activities related to organizing support group meetings. A plan for referrals to needed services, including case management, should be described. Support groups may be scheduled or provided on an as needed basis.



9. The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. The applicant will describe how waiting lists for services would be administered if such lists needed to be established in the course of the grant year.

Service Category 6a Rural Mental Health Therapy Service/Counseling

Approximately \$6,456 in Ryan White funds will be available to fund these services. Title I Rural set aside funds are to be used to provide services to individuals residing in rural areas.

Applicant Responsibilities:

1. The applicant is responsible for demonstrating that they are able to fulfill all of the applicant responsibilities listed under Rural Mental Health Therapy Service/Counseling above.
2. The applicant is responsible for demonstrating knowledge of and the ability to address the specific needs of rural populations.
3. The applicant is responsible for providing specific details regarding the geographic location of services, how clients will access the services and the demographics of the population to be served.

Direct Emergency Financial Assistance

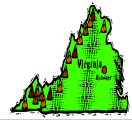
Applicants shall provide financial assistance on an emergency episodic basis that will enable people with HIV/AIDS to remain in their own homes. This assistance involves the provision of funds to redress the financial crises that often occur during the progression of HIV/AIDS, which may lead to homelessness. Financial assistance may be in the form of vouchers or through direct payment made to vendors providing utilities, housing and/or telephone service, first months rent and security deposit, moving expenses, assisted transportation and emergency food vouchers.

Service Category 7 Emergency Food Vouchers: *Rural and Regular Funds*

Approximately \$39,715 in Ryan White Regular funds, and \$10,448 in Rural funds, will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for providing vouchers for food and personal care items on an emergency basis, after other emergency food distribution sources have been exhausted.



2. The applicant is responsible for describing the process for assessing clients' needs, financial status, and eligibility for other food entitlement programs. Ability to secure food is the primary criteria for clients receiving emergency food vouchers.
3. The applicant is responsible for describing eligibility criteria including any limits and maximum allowances. Vouchers for food may be redeemed at food banks, grocery stores, and/or other community based food distribution programs. Vouchers must restrict the use of tobacco and alcoholic beverages products.
4. The applicant is responsible for demonstrating close linkages with case management, nutritional counseling, food banks, and food programs.

The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. The applicant will describe how waiting lists for services would be administered if such lists needed to be established in the course of the grant year.

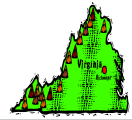
Service Category 8 Transportation

Transportation services shall be provided to improve access to medical care, mental health, case management, and support services for people with HIV/AIDS. Services shall be designed to ensure the availability of transportation, including ambulance services, to essential health care appointments.

Approximately \$164,156 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for coordinating transportation services and the proposed system should provide transportation that will ensure timely access to needed services for low income and/or physically disabled HIV infected residents.
2. The applicant is responsible for utilizing leased vans with drivers, a taxi voucher system, fare cards for public transportation, reimbursement to family/friends for mileage and parking or a combination of approaches. These funds are not for the purchase of vehicles.
3. The applicant is responsible for providing appropriate modes of transportation for HIV disabled persons needing assistance or wheelchair accommodations.
4. The applicant is responsible for demonstrate coordination with other HIV service providers.



5. Applicants proposing to reimburse family/friends for mileage or parking shall demonstrate internal mechanisms that will track and assure the validity of the reimbursement.
6. Special consideration will be given to applicants who demonstrate an ability to improve transportation services for clients with dependent children.
7. The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. The applicant will describe how waiting lists for services would be administered if such lists needed to be established in the course of the grant year.

Service Category 8a Rural Transportation

Approximately \$5,005 in Ryan White rural set-aside funds will be available to fund these services.

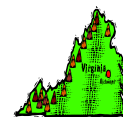
Applicant Responsibilities:

- a. The applicant is responsible for demonstrating that they are able to fulfill all of the applicant responsibilities listed under Transportation above.
- b. The applicant is responsible for demonstrating knowledge of and the ability to address the specific needs of rural populations.
- c. The applicant is responsible for providing specific details regarding the geographic location of services, how clients will access the services and the demographics of the population to be served.

Service Category 11 Nutritional Counseling

Nutritional counseling services are defined as the provision of services that identify clients who may be at nutritional risk as a result of HIV related illness. Nutritional statuses are addressed through assessment and screening to determine clients nutritional needs to enhance quality of life. Nutritional management is integral to the care of all HIV-infected clients. Services for nutritional counseling are rendered by a registered dietitian and may be outside of primary care settings. Key services include follow up and nutritional support, counseling on restrictions, menu planning, supplements, education, and nutritional consultations with other primary health care and supportive service providers.

Approximately \$33,616 in Ryan White funds will be available to fund these services.



Applicant Responsibilities:

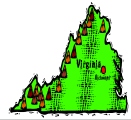
1. The applicant is responsible for providing a regional nutritional support service program for clients residing in Northern Virginia. Nutritional support services are defined under this category as nutritional assessments, meal planning, and diet management counseling on an individual or group basis (e.g., group dietary counseling services).
2. Counseling services shall be provided by a licensed dietitian and have the goal of developing healthy dietary regimens for people who are HIV positive and give special consideration to client's drug regimen.
3. Services shall include culturally appropriate nutrition education as well as referral to food assistance programs such as food stamps, the special supplemental food program for women, infants and children (WIC), the Commodity Supplemental Food Program, home delivered meals, and emergency food.
4. The applicant is responsible for providing information on safe drinking water.
5. Nutritional services shall be integrated with outpatient HIV primary medical care programs, whenever possible.
6. The applicant is responsible for demonstrating ability to reach under-served populations.
7. The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. The applicant will describe how waiting lists for services would be administered if such lists needed to be established in the course of the grant year.

Service Category 14 Home Delivered Food

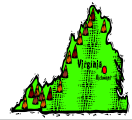
Home Delivered Food is defined as the collection and delivery of prepared meals, perishable and nonperishable food items, personal care and/or household items, condiments, and nutritional supplements for persons living with HIV/AIDS and their dependents that are homebound or shelter bound or unable to prepare meals for themselves or access other food programs like food banks. Priority should be given to homebound or shelter bound clients, clients with dependent children, low-income clients, and clients in substance abuse and mental health programs. It does not include finances to purchase food or meals.

Approximately \$90.884 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:



1. The applicant is responsible for ensuring grocery services are developed with the supervision of a Registered Dietician and whenever possible plans should be coordinated with the clients' caregivers, case managers, etc. Linkages with referrals to other food programs should be established to minimize duplication of services.
 2. The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. The applicant will describe how waiting lists for services would be administered if such lists needed to be established in the course of the grant year.
 3. The applicant is responsible for demonstrating an ability to recognize food safety concerns, including:
 - a. Dented cans or previously opened food items.
 - b. Maintenance of perishable food items during storage and delivery.
 - c. Expired items.
 4. The applicant is responsible for ensuring food handling practices meet the food safety standards as determined by the appropriate jurisdictional Department of Health.
 5. The applicant is responsible for providing a minimal amount of safe drinking water in the event of a water emergency. Applicants must provide information on safe drinking water on a regular basis as part of ongoing services.
 6. The applicant is responsible for ensuring home-delivered groceries shall operate on a weekly basis and provide a sufficient amount of food for a week's worth of meals. Groceries should include:
 - a. Nutritional supplements to prevent or treat wasting syndrome.
 - b. Food or special diets including diabetic, renal, vegetarian, as well as religious and personal preferences.
 - c. Fresh fruits and vegetables.
 - d. Food that demonstrates sensitivity to ethnic and cultural food preferences for minority populations.
 7. The applicant is responsible for providing a plan for the preparation and delivery of at least one meal daily that meets 100% of the dietary requirements of homebound or shelter bound persons with HIV disease. The plan for service should include:
 8. The applicant is responsible for demonstrating how they will refer clients in outlying areas (out of the delivery area) to other resources and services.
 9. The applicant is responsible for defining and describing their delivery areas and demonstrate the ability to provide services in a timely manner to those areas.
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10. The applicant is responsible for providing services to sustain and expand home delivered meals to people with HIV/AIDS with an emphasis on both dietary and cultural food preferences.

11. The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. The applicant will describe how waiting lists for services would be administered if such lists needed to be established in the course of the grant year.

Service Category 15 Minority AIDS Initiative (MAI) Case Management-Discharge Planning

Applicants shall work with local detention officials to identify HIV-positive inmates and assist in the development of transitional medical services for each inmate that will ensure continuity of care (medical, medication, psycho-social services, etc.). Discharge planning includes persons released from community hospitals, juvenile detention centers, mental health and substance abuse treatment facilities.

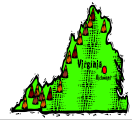
Approximately \$39,863 in Ryan White funds will be available.

Minority AIDS Initiative (MAI) funds are to be used by providers who demonstrate the following:

1. Applicants must fulfill all of the applicant responsibilities listed under **Case Management**
2. The applicant is responsible for demonstrating conformance with requirements for MAI providers as listed below:
 - a. The applicant must be located in or near the targeted community intending to be served.
 - b. The applicant is responsible for providing documentation of a history of providing services to the targeted community.
 - c. The applicant is responsible for documenting links to targeted populations so that they can help close the gap in access to services for highly impacted communities of color.
 - d. The applicant is responsible for providing services in a manner that is culturally and linguistically appropriate.

Applicant Responsibilities:

1. The applicant is responsible for providing discharge planning in local detention facilities for incarcerated individuals who are living with HIV/AIDS and who are in the final 120 days of their incarceration.



2. The applicant is responsible for working with local detention officials to identify HIV-positive inmates and to develop a transitional case plan for each inmate that will ensure continuity of care (medical, medication, psycho-social services, etc.) and timely access to emergency financial assistance, housing, food services, vocational rehabilitation, substance abuse counseling/referrals, and other needed services, as each returns to the community.
3. The applicant is responsible for conforming to any access agreements, required by local detention facilities, including written approval to access facilities prior to any award for this service.
4. The applicant is responsible for following discharged inmates for a period not to exceed 90 days to ensure that the discharge plan was effectively implemented.
5. The total period of services to a client provided services under this award shall not exceed 30 days pre-release and 90 days post-release.
6. The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. The applicant will describe how waiting lists for services would be administered if such lists needed to be established in the course of the grant year.

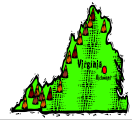
Service Category 17 Health Insurance Co-pays and Deductibles

Health Insurance Program payments are defined as premium payments, co-payments, deductibles, or risk-pool payments on behalf of a client to keep his or her private health insurance active.

Approximately \$91,443 in Ryan White funds is estimated to be available to award in this service area.

Applicant Responsibilities:

1. The applicant is responsible for reimbursing only for qualifying insurance co-pays and deductibles, when such services are related to HIV and performed by qualifying providers.
2. The applicant is responsible for assuring the reimbursements do not exceed \$1,000 per month, or \$12,000 per year.
3. Applicants should also apply for Primary Medical services and Emergency Drug Assistance services.



Service Category 20 Childcare/Babysitting

Provision of care for the children of clients who are HIV positive while the clients are attending medical or other social services appointments or attending related meetings, groups or trainings. This does not include childcare while a client is at work.

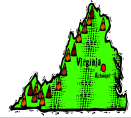
Approximately \$19,754 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for providing facility or home-based periodic child-care for children of mothers who have HIV/AIDS. Funding priority will be given to services for single parents.
2. Child care will be offered to enable parents to keep essential medical, mental health or other AIDS related appointments without concern about who is caring for their children.
3. The applicant is responsible for specifying services to be offered and the skills of staff providing childcare.
4. The applicant is responsible for demonstrating its ability to meet Virginia regulatory guidelines and licensure requirements governing childcare. Special emphasis is placed upon funding of organizations with experience with HIV/AIDS clients and their families.
5. The applicant is responsible for developing innovative and cost effective strategies to establish in-home supervision and care for persons with HIV/AIDS or their dependent children which will afford periods of rest and recuperation for adult family members and/or significant others who act as caregivers.
6. The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. The applicant will describe how waiting lists for services would be administered if such lists need to be established in the course of the grant year.

Service Category 22 Legal Services

Provision of legal services directly necessitated by a person's HIV status. Service utilize attorneys and/or paralegals, to assist persons with HIV/AIDS in the following areas: child custody; HIV/AIDS discrimination; immigration; development of wills and trusts; durable powers of attorney and advanced directives; appeal of entitlement denials; breach of confidentiality, Do Not Resuscitate orders, bankruptcy proceedings, and other appropriate professional legal services.



Approximately \$61,628 in Ryan White funds is available to funds this Service Category.

Applicant Responsibilities:

1. The applicant is responsible for providing legal services, utilizing attorneys and/or paralegals, to assist persons with HIV/AIDS in HIV/AIDS discrimination; development of wills; durable powers of attorney and advanced directives, and appeal of entitlement denials.
2. Attorneys providing services must be members of the State Bar Association or have the privilege of reciprocity.
- 3 The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. The applicant will describe how waiting lists for services would be administered if such lists need to be established in the course of the grant year.

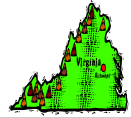
Service Category 26 Interpreter Services

Interpreter services are provisions put in place to assist non-English speaking individuals that needs translation in order to be provided care, instructions, education and assistance in communication. Services include translators, sign language, voice, relay, and tactile or oral assistance.

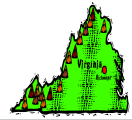
Approximately \$22,826 in Ryan White funds will be available to award in this Service Category.

Applicant Responsibilities:

1. The applicant is responsible for providing interpretation and translation services in a multitude of languages to people with HIV/AIDS who do not speak English as their first language or who are deaf/hearing impaired.
2. The applicant is responsible for providing interpreter services directly or operate a central referral bank providing interpreter services.
3. Translators shall have technical language knowledge of health care terms; knowledge of HIV/AIDS terminology is preferred.
4. The applicant is responsible for working closely with medical providers to help improve access to care for all persons with HIV/AIDS.
5. The applicant should describe the process by which referring agencies insure clients are eligible for Title I services.



6. The applicant is responsible for describing how it will confirm HIV status, screen applicants for financial eligibility criteria including descriptions of limits or maximum allowances. The applicant will describe how waiting lists for services would be administered if such lists need to be established in the course of the grant year.



SECTION V REVIEW AND SELECTION OF APPLICATIONS

Review Panel

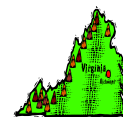
The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, data analysis, health program planning and evaluation, social services planning and implementation. The review panel will review, score and rank each applicant's application, and when the review panel has completed its review, the panel shall make recommendations for awards based on the scoring process. The Northern Virginia Regional Commission shall make the final funding determinations.

Applicants' submissions will be objectively reviewed against the following specific scoring criteria listed below.

SCORING CRITERIA

Criterion A Theoretical and Technical Soundness of the Proposed Plan and Operation (Total 30 Points)

1. The objectives of the proposed project are clearly defined, measurable and time-specific. **(5 Points)**.
2. The proposed activities will result in the accomplishment of the project objectives. The proposed project will contribute to the achievement of the established objectives in the designated priority area(s). **(5 Points)**
3. The soundness of the proposed methodology/approach is demonstrated. Copies of protocols and/or operating procedures are provided, and are appropriate for the methodology proposed, i.e., hours of operation. **(5 Points)**
4. The proposed impact of the program on the target population(s) is clearly delineated and justified: **(5 Points)**
 - a. By the extent to which the program will enhance and ensure geographical and physical access to services and address identified barriers to care for the target population(s);
 - b. By the extent to which the proposed project/services will meet the specific needs of the target population(s).
5. The proposed project will enhance the continuity of patient care. **(5 Points)**



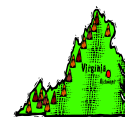
6. Appropriate Memorandums of Understanding that demonstrate formal linkages and/or collaboration with other service providers are included. **(5 Points)**

Criterion B Relevant Experience and Organizational Capability (Total 40 Points)

Previously funded applicants shall describe how Ryan White Title I services were provided and describe the level of compliance with service delivery and expenditure target goals for the period of March 1, 2004 through September 30, 2004.

Applicants not currently receiving Ryan White Title I funds in the service categories for which funding is requested shall demonstrate the ability to achieve stated objectives, meet annual service delivery targets and effectively utilize funds requested through evidence of an aggressive marketing plan/program and linkages with referral resources including other service providers of the target population(s), i.e., referral agreements, memorandums of understanding, shared service arrangement, partnerships, coalitions, etc.

1. The application demonstrates the knowledge and experience relevant to the service applied for and in serving the target population, including: **(15 Points)**
 - a. Demonstrated support for the project from the Board of the organization applying;
 - b. The proposed project represents an expansion of an already existing program;
 - c. The applicant demonstrates competence in the provision of the services for which funding is requested including relevant experience and expertise of key management and front-line staff; and
 - d. The applicant has relevant experience with the population(s) and geographic area(s) to be served.
2. The proposal demonstrates cultural competency, sensitivity and appropriateness (racial, ethnic, economic, gender, disability, sexual orientation, etc.) by the following: **(15 Points)**
 - a. The applicant has identified and has gained an understanding of issues affecting the target population(s) by providing a mechanism for input from community leaders, civic organizations and advocates for and/or members of the target population(s) in planning and implementation of proposed services;
 - b. Members of the target population (or in the case of children, adolescents, active substance abusers, homeless and the chronically mentally ill, persons with experience in advocating for the target population(s)) are represented among staff, management, the board of directors and/or advisory body/bodies;



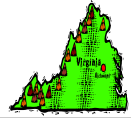
- c. Language issues are addressed through the availability of staff with appropriate communication skills, including American Sign Language (ASL);
 - d. Sensitivity to issues of race/ethnicity, gender, culture/lifestyle and sexual orientation is demonstrated through the establishment of operating procedures that are accommodating and staffing policies which are compatible to the needs of the population(s) to be served;
 - a. A completed Attachment D: Capacity to Provide Culturally Competent Services is included in the application Appendices.
- 3. The applicant demonstrates the capacity to administer the proposed program. **(5 Points)**
 - 4. The applicant demonstrates provision of flexible schedule that provides for evening and weekend hours of operation. **(5 Points)**

Criterion C Sound Fiscal Management and Reasonable Budget (Total 20 Points)

- 1. The applicant demonstrates that the proposed budget is reasonable, realistic and will achieve project objectives. **(4 Points)**
- 2. The applicant demonstrates sound fiscal management practices through the description of their accounting system. **(4 Points)**
- 3. The applicant demonstrates financial stability through the description of sources of funding (other than Ryan White funds) and demonstrates capability to implement and maintain service delivery and administrative operations under a cost-reimbursement grant. **(7 Points)**
- 4. The applicant describes policies and procedures in place to ensure that Ryan White Title I funds will be used as the funds of last resort in accordance with the Ryan White CARE Act. **(6 Points)**

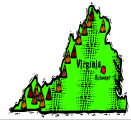
Criterion D Evaluation/Quality Assurance (Total 10 Points)

- 1. The applicant provides evidence of how it will comply with quality assurance protocols developed by the Ryan White Planning Council, the US Public Health Service, the jurisdictional Administrative Agency or other recognized bodies for the delivery of various health and support services as is appropriate to the service. **(5 Points)**
- 2. The applicant provides evidence of how the various services delivered will be evaluated. Evaluation will be with respect to performance outcomes and attainment of program targets. **(5 Points)**



Decision on Awards

The recommendations of the review panel are advisory only and are not binding on the Northern Virginia Regional Commission. The final decision on awards rests solely with Director of the agency. After reviewing the recommendations of the review panel, consideration of prior experience, and any other information considered relevant, the Northern Virginia Regional Commission shall decide which applicant to award funds and the amount to be funded.



SECTION VI APPLICATION FORMAT

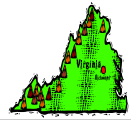
Applicants are required to follow the format below. Each application must contain the following information and shall be divided by index tabs that clearly mark each section:

- Applicant Profile (See Attachment A)
- Application Checklist/Receipt Form (See Attachment)
- Table of Contents
- Abstract (**2 page**)
- Project Description (**10 pages**)
- Organization, Experience and Qualification of Applicant (**5 pages, organizational chart and Table 3**)
- Applicants staff and subcontractor information (**3 pages**)
- Program Budget and Budget Narrative (**Not counted in page total**)
- Certifications and Assurances (**Not counted in page total**)
- Appendices (Resumes, Organization Chart, Position Descriptions) (**Not counted in page total**)

The number of pages designated for each section is a recommendation. Applicants should feel free to submit fewer or more pages than recommended. However, the maximum number of pages for the total application **cannot exceed 20 double-spaced pages (NO Single-spaced pages to include bullet items) on 8½ by 11-inch paper. Margins must be no less than one inch and a font size of 12-point is required. Pages should be numbered. The review panel shall not review applications that do not conform to these requirements.**

Description of Application Sections

The purpose and content of each section is described below. Applicants should include all information needed to adequately describe their objectives and plans for services. It is important that applications reflect continuity among the goals and objectives, program design, work plan of activities, and that the budget demonstrates the level of effort required for the proposed services.



Applicant Profile

Each application shall include an Applicant Profile, which identifies the applicant, type of organization, project Service Category and the amount of grant funds requested. See Attachment A.

Table of Contents

The Table of Contents should list major sections of the application with quick reference page indexing.

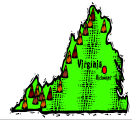
Abstract

This section of the application should provide a summary overview of the applicant's total grant application. The applicant should highlight exemplary aspects of its proposed program and relate these to the selection criteria.

Project Description

This section of the application should contain the program narrative that justifies and describes the program to be implemented. The program narrative should include the following:

1. Target populations to be served;
2. Specific, measurable program objectives for the Service Category of the application;
3. Specific services to be provided;
4. Number of service units to be provided;
5. Service methodology/approach;
6. The number of unduplicated clients to be served;
7. The impact of the proposed project;
8. The cultural relevancy and appropriateness;
9. The extent to which access barriers to the target are addressed;
10. The extent to which continuity of patient care will be enhanced;
11. Quality assurance mechanism; and



12. Discussion of implementation of evaluation plan (include complete evaluation plan).

The application must include separate program descriptions, time-specific work plans by work site delineation of activities needed to achieve the service objectives and budget with budget narrative justification for each distinct service for which funding is being requested. An evaluation plan, specific to each Service Category for which grant funds are being requested, must also be provided. The evaluation component should be included in the appendix and referenced in the program description for each service.

Organization, Experience and Qualifications of Applicant:

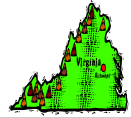
Applicants must provide the following information in this section:

1. Name, address, telephone number and Federal tax ID number are required. District of Columbia applicants must submit a DUNS number. To acquire a DUNS number, call 1-800-333-0505;
2. Name, title, address and current telephone number of applicant's contact person;
3. Information about previously performed grants or contracts for related work over the past five years with federal government or local governments in eligible jurisdictions, including grant or contract numbers and inclusive dates, amounts, and the name of the grant officers (and/or his/her technical representative). A specific description of services provided, using terms, phrasing and abbreviations understandable at the lay person's level; and
4. Applicant's qualifications, experiences and management, staffing, training, and service facility description to demonstrate capacity to meet requirements of this grant program.

Applicants shall be required to maintain an accounting system in accordance with generally accepted accounting principles. Such records shall be made available to the funding agency, upon request. Organizations who received more than \$300,000 in Ryan White funds for Grant Year 2003-2004 must submit a copy of their most recent OMB A-133 or A-128 audit with their application, in accordance with Federal law. Include a copy of the audit in the assurance packet.

The application shall contain information regarding the applicant's organizational structure and financial status, including:

1. Current certified statement of the applicant's financial condition (not more than twelve months old and prepared by an independent CPA, who is not an employee of the applicant). Include a copy of the financial statement in the assurance packet;
2. An organizational chart that lists full-time personnel within each organizational unit of the applicant's organization; and



3. The name of the Chief Executive Officer and other key managers, by title, who will have major policy and decision-making responsibilities for this grant, if awarded.

Each jurisdiction reserves the right to request additional information regarding the applicant's organizational status and to require the applicant to obtain an appropriate license, registration or certification to transact business in the jurisdiction if such license, registration or certification is required by law.

Applicant's Staff and Subcontractor Information:

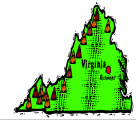
The applicant shall list the names and titles of top management, line supervisory, and key professional personnel who will be assigned to the proposed project and state the percentage of time each will devote to the project in total for each distinct Service Category for which funding is requested. Applications must include resumes and job descriptions. Resumes and job descriptions must be placed in the appendix.

Resumes must include the following:

1. Full name;
2. Title and area of specialty;
3. Affiliation with the project (staff of applicant or subcontractor);
4. Experience directly related to the proposed project. If the individual worked on any of the previous Federal, District government or other eligible local government grants or contracts cited in Section I of the RFA, they should be referenced by number;
5. Education/training/publications;
6. Staff or subcontractor staff employed by or under contract with the applicant as of the date of proposal submission are to be included, as well as staff which will be hired upon award of the grant if staff will provide services relating to the grant; and
7. Documentation that each of these management key personnel possesses adequate education, training and experience to perform the duties to which they are assigned. Staff persons must meet all applicable requirements for certification and or licensing, and shall be adequately trained to perform required duties.

Job descriptions must include the following:

1. Education requirements;
2. Experience requirements;
3. Certification requirements;
4. Description of duties and responsibilities;
5. Hours of work;
6. Salary range; and
7. Performance evaluation criteria.



Job descriptions must be specific to the position to be funded. Submission of generic job descriptions or existing job description for similar type positions is unacceptable. The job description must also specify requirements relative to accountability and supervision. When hiring staff, written work experience and personal references must be obtained and documented.

Applications must describe the manner in which the proposed staff and any subcontractors will be managed and what the reporting relationships will be. The name of each proposed staff member or subcontractor staff and the percentage of time that each will devote to the project shall be depicted. Include in the appendix any memoranda of understanding (MOUs) or subcontracts for any services to be provided under this grant.

For those programs wherein ten percent (10%) or more of the population to be served is comprised of minority persons, applicants are required to provide evidence of the bilingualism/biculturalism of the Board of Directors, management, and staff of the organization. Applicants are also required to complete Table 3, *Documentation of Composition of Board of Directors and Management*.

Proposed Budget and Budget Narrative Justification:

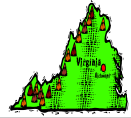
Applicants must provide a detailed budget for the expenditure of funds for each proposed service. The budget must clearly state all cost and price information on activities required to implement the project. Budget requests must be itemized with an accompanying brief narrative justification of each major budget item. The budget justification must also reflect any in-kind and non-grant resources supporting the proposed service(s). **All funds are to support HIV care services and cannot be used to provide direct financial assistance to individuals with HIV disease or to fund education and training.**

The applicant's budget must identify the total number of staff persons required and the specific time allocation for each staff member working to provide the service(s). Any proposed agreements with subcontractors must also be clearly identified in the budget.

XPRES Data Management Plan Budget Narrative:

Xpres is the required data management system for **all** Title I providers in the Washington metropolitan EMA. Applicants may receive up to 3% of their requested funds to support personnel and equipment responsible for data entry using the Xpres software, the preparation of the Xpres reports, and the preparation of the HRSA Annual Administrative Report (AAR).

Applicants shall submit a data management budget narrative describing how their Xpres funding will be used. The Planning Council has set aside this money to assist the provider in maintaining a computerized log of services provided to clients, using the required Xpres system. The data management budget narrative may contain amounts needed for hardware (such as computer and/or printer), for coding data forms, for data entry, for data reporting, and/or for management of these tasks. All funded providers are required to maintain monthly backups of Xpres data on



diskette and download data for monthly delivery to the appropriate administrative agency as part of the reporting requirement. Staff for data coding and data entry may be part-time staff hired through temporary agencies.

Agencies will no longer be permitted to submit manually kept records. Agencies will no longer be permitted to substitute other electronic data reporting systems for Xpres.

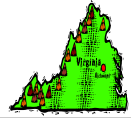
Certifications, Assurances and Affidavits:

Applicants seeking funding shall complete and return one (1) unbound original and two (2) copies in a sealed envelope, of all required certifications and affidavits with the certifications checklist included as stated in the Mandatory Application Requirements, Section I. The envelope should be sealed and marked as follows: Grant Assurances in Response to Title I of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act

Incomplete assurance packages will delay the execution of awards to applicants. Refer to “Assurances Checklist.”

Appendices:

1. Table A: Scope of Work (Attachment G);
2. A copy of any specific license or certifications required to perform the service;
3. Resume of each individual that will be funded by this grant;
4. Job descriptions for all positions that will be funded by this grant;
5. Evaluation Plan;
6. Copies of all Memoranda of Understanding (MOU) and/or Subcontracts related to providing services funded by this grant;
7. Copies of letters of collaboration/linkage with other service providers;
8. Capacity to Provide Culturally Competent Services (Attachment D);
9. Collaboration With Other Service Providers (Attachment E);
10. Documentation of Composition of Board of Directors and Management (Attachment F); and
11. Service Protocols.
 - a. All applicants must provide a statement (on organizational letterhead) certifying that you will adhere to a specific service protocol;
 - b. Applicants using a standard national/state protocol must include a copy of the title page and table of contents;
 - c. Applicants using a protocol approved by the Metropolitan Washington Health Services Planning Council must include a copy of the first page of that protocol; and
 - d. If there is no national/state or Planning Council approved protocol for the Service Category for which applicants are applying, and applicants are adhering to an internal organizational protocol, a summary must be provided.



SECTION VII LIST OF ATTACHMENTS

Attachment A:	Applicant Profile
Attachment B:	Certifications/Federal Assurances
Attachment C1:	Application Receipt
Attachment C2:	Assurance Package Receipt
Attachment D:	Capacity to Provide Culturally Competent Services
Attachment E:	Linkage with Other Service Providers
Attachment F:	Documentation of Composition of Board of Directors & Management
Attachment G:	Table A Scope of Work
Attachment H:	Quality Assurances and Protocols
Attachment I:	Budget and Budget Narrative
Attachment J:	FY 2004 Implementation Plan (Table 10)
Attachment K:	EMA Wide Assurance Checklist